Texas Department of Health Toxic Substances Control Division Lead Certification Section



P.O. Box 149200 Austin, Texas 78714-9200 888/778-9440; 512/834-6612

## LEAD INSPECTOR CERTIFICATION RENEWAL APPLICATION

DO NOT WRITE IN THIS BOX - FOR HEALTH DEPARTMENT USE ONLY								
Date Rec'd: / / Amount \$ Budget #7C790-085 Remittance #								
A person must be certified by the department as a Lead Inspector to engage in lead inspection of target housing and child- occupied facilities in accordance with 25 TAC §295.206. A certification fee of \$150.00 must accompany this application unless fee-exempt. Send a cashier's check or money order payable to "Texas Department of Health - 7C790-085." DO NOT SEND PERSONAL CHECKS, COMPANY CHECKS, OR CASH. Certification fees are nonrefundable except as prescribed in §295.205(f)(2) and are due annually to continue certification for up to three years. Please allow up to three weeks for processing your application. Practicing with a lapsed certificate is prohibited regardless of wher the renewal application is submitted. In accordance with 25 TAC 295.205(i), certifications which have lapsed for a period exceeding 180 days beyond the three-year expiration date cannot otherwise be renewed, and an application for a new certification subject to current qualifications will be required. Complete all blocks below (print or type only) and supply all the required documentation listed on this form.  FEE EXEMPT - Check this box if you are submitting this application as a federal, state, or local government employee in order to obtain certification for the execution of official government duties only, as per §295.216(b) of the TELRR. Your name and certification status wil not appear on the general distribution lists for advertising purposes.								
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Ms.						( )		
Applicant Nan	ne (Last, Fi	rst, M.I.)		Certifica	tion Number	Telephone Nu	mber	
Residence Add	dress		City		County	State	Zip	
Business Name or Organization Affiliation (if any)*					Telephone Number			
			<u> </u>					
Business or Or	ganization	Affiliation Address	City		County	State	Zip	
certified as a Lead Fi  A copy of the veri with \$295.205(h)	rm by the design of the design	fering to perform lead- epartment in accordance cumentation listed le e Texas Environment a corresponds to the	e with 25 TAC §  below MUST  ental Lead 1	3295.211 and BE SUB Reduction	MITTED to Rules. P	o the departme lease place a	ion fees. ent in accordance check (T) in the	
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APPLICANT VERIFICATION OF INFORMATION I certify that I have read the Texas Environmental Lead Reduction Rules 25 TAC §§295.201-220. I declare that I have examined this application and accompanying documents and to the best of my knowledge and belief, all information provided is complete, true, and correct, and will forward any changes to data in this application to the Texas Department of Health within 30 days of that change. I acknowledge that any falsification or misrepresentation in attempting to obtain department certification may result in the denial of my application or decertification.								
Signature of	Applicant					Date		

## **IMPORTANT**

## APPLICATIONS WILL NOT BE CONSIDERED COMPLETE IF NOT SIGNED BY THE APPLICANT AND ALL REQUIRED DOCUMENTATION AND APPROPRIATE FEE SUBMITTED.

## NOTE:

- , Mail the application, check and documentation to: Environmental Lead Branch, Certification Section, Toxic Substances Control Division, Texas Department of Health, P.O. Box 149200, Austin, Texas 78714-9200.
- , If your application is complete, allow a minimum of three weeks for processing your application.
- , In cases of a deficient application, the applicant will be notified in writing within 60 days from the date the department receives the application indicating what additional information and/or documentation is required. From the date of this Deficiency Notification, the applicant shall have 90 days to provide the correct information and/or documentation requested, otherwise the application will be denied in accordance with section 295.205(c)(4) of the Texas Environmental Lead Reduction Rules.